

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026588

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1850

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Normandy		c. CITY OR TOWN Jennings St. Louis County	
c. FULL NAME OF (If NOT in hospital, give location) Normandy Osteopathic		d. STREET ADDRESS (If outside, give location) 7064 Idlewild	
3. NAME OF DECEASED (Type or print) Arma		4. DATE OF DEATH Month June Day 8 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-29-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) milliner		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Henry Fumont		11b. MOTHER'S MAIDEN NAME Mary Goess	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13. SOCIAL SECURITY NO. [REDACTED]	
14. NAME OF HUSBAND OR WIFE Arthur Bruce		15. INFORMANT Helen Bitzer - 4233 Pleasant	
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL PARALYSIS DUE TO (b) Arterio-sclerosis DUE TO (c) Senility		INTERVAL BETWEEN ONSET AND DEATH 20 years 11 11	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease. Condition given in PART I (a) Fracture of right Hip		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FALL		20c. TIME OF INJURY Hour 12:25 a.m. A. Month, Day, Year 6-8-63	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21. I attended the deceased from 6-8-63 to 6-7-63 and last saw her alive on 6-7-63		21. Death occurred at 12:25 A. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W. F. Huebert		22b. ADDRESS 75 20 Natural Bridge	
22c. DATE SIGNED 6-8-63		22d. DATE SIGNED 6-8-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE June 10, 1963	
23c. NAME OF CEMETERY OR CREMATORY Hiram Park Cemetery		23d. LOCATION (City, town, or county) St. Louis County Missouri	
24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave		25. DATE RECD. BY LOCAL REG. 6-10-63	
26. REGISTRAR'S SIGNATURE John B. Murphy		26. REGISTRAR'S SIGNATURE John B. Murphy	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Ralph E. Linder

Licensed Embalmer No.

4275

P. O. Address

At. Linn Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.